

Memorandum Returning Without Approval the Indian Health Care Amendments of 1984

October 19, 1984

I am withholding my approval of S. 2166, the "Indian Health Care Amendments of 1984," which would extend and amend the Indian Health Care Improvement Act.

Although I fully support the intent and objectives of the Indian Health Care Improvement Act, I believe this bill is seriously deficient in fulfilling those goals. My disapproval of the bill will in no way affect the continued delivery of health care services to our country's Indian population. Earlier this month I signed the Continuing Resolution Appropriations Act for fiscal year 1985, which includes \$855 million for the Indian Health Service, an increase of \$30 million over the prior year.

A number of serious flaws in S. 2166 compel my disapproval of this bill. Two provisions are especially troublesome.

First, a provision that I find totally unacceptable would actually reduce access to health services for Indians. That provision would have the effect of making Indians residing in Montana ineligible for certain benefits of State and locally supported health programs until and unless the availability of such benefits from the Indian Health Service has been exhausted. In my view, this provision for Indian citizens of Montana would set a precedent for potentially changing the fundamental relationship of the Indian Health Service to State and local entities, as well as depriving eligible Indians of benefits that should be due them by virtue of their citizenship in the State. As a matter of both principle and precedent, I cannot accept this provision.

Second, the mechanism established in section 602(d) of the bill for effecting the removal of the Indian Health Service from the Health Resources and Services Administration (HRSA) is unconstitutional and can have no legal effect. The Department of Justice has advised me that the Congress may not constitutionally delegate to a congressionally appointed body, such as the Commission on the Organizational Placement of the Indian Health Service established by this bill, the legislative authority to determine when legislation will take effect. Because section 602(d) does not comply with the clear requirements of the Constitution, I cannot give my approval to this bill.

Other serious flaws in S. 2166 that compel my disapproval would:

- duplicate existing authorities in most of its provisions;
- unnecessarily and wastefully change the organization of the Indian Health Service; and
- place increased emphasis on services that are not oriented toward the primary mission of the Indian Health Service.

The bill would allocate a significant portion of funding for various peripheral projects, such as unnecessary reports, interagency agreements, and regulations development. This would lead either to an unacceptable increase in total funding or to underfunding of the most critical area -- provision of clinical health services to reservation Indians. The Administration has, on the other hand, proposed using most Indian health funds for this purpose, so that resources can be most effectively spent where the need is the greatest.

For all these reasons, I find S. 2166 unacceptable.

As I indicated earlier, the action I am taking will have no adverse impact on the delivery of health services to Indians living on or near a reservation because the existing provisions of the Snyder Act provide all necessary authority for such services. Since 1955, utilizing the Snyder Act authorities:

- 30 hospitals have been constructed;
- 30 clinics and 58 field health stations have been constructed;

-- Annual admissions to Indian Health Service and contract hospitals have more than doubled; outpatient visits have multiplied by approximately eight times; and the number of dental services provided has increased ten-fold.

Even more important are the achievements in terms of improved health status, which is, after all, the goal of the Indian Health Service;

-- The infant mortality rate has decreased by 77 percent and the maternal death rate by 86 percent;

-- The death rate resulting from pneumonia and influenza has decreased by 73 percent; and

-- Death from tuberculosis has been reduced by 94 percent and the incidence of new active tuberculosis has been reduced by 84 percent.

Over the last decade, the Federal Government has supported the Indian Health Service with over \$5 billion. The last budget that I submitted to the Congress projected spending an additional \$4 billion through 1989.

My Administration's commitment to ensuring the continuing improvement of health services delivery to Indian people and Alaska natives is strong and clear.

Ronald Reagan

The White House,

October 19, 1984.